OFFICE OF JUVENILE JUSTICE YOUTH / WITNESS STATEMENT

ARE YOU:	
□ A Youth Involved	□ A Witness to the Incident
Today's Date/Time:	Date of Incident:
Name:	Client ID#:
Interview Location:	Case #:
Youth / Witne	ess Statement:
Signature	Witnesses to Statement
Oignature	

Effective: October 1, 2009